PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10886462

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN	
			(Column 1)		(Column 2)		1	TYPE		OR	SMALL	SMALL ENTITY	
TOTAL CLAIMS			14					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/ minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*			X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ss than zero, enter "0" in column 2			ı	TOTAL	2885	OR	TOTAL		
CLAIMS AS AMENDED - PART II									7	•	OTHER	THAN	
		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=	·	OR	X\$18=			
AME	Independent	*	Minus	***	01.4114	=		X43=		OR	X86=		
L.,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		•	NDDII. FEE I			ADDII. FEE							
_	· <u>·</u>	(Column 1) CLAIMS		(Colum	ST	(Column 3)	1 r		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=		
١MΕ	Independent	*	Minus	***		= .		X43=		OR	X86=		
9	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On			
							L	+145=		OR	+290=	•	
		,	A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	•					
		(Column 1)		(Colum		(Column 3)	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=												
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·	
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	A	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE		
		iber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.		